Clinical Capsules

Melatonin for IBS Patients

Administration of melatonin at bedtime for 2 weeks significantly increased rectal pain threshold and attenuated abdominal pain in patients with irritable bowel syndrome and sleep disturbance, according to a randomized, double-blind, placebo-controlled study conducted in Singapore.

G.H. Song of the National University of Singapore and colleagues reported that 40 patients with IBS took 3 mg of melatonin or placebo nightly and completed questionnaires about their psychological, sleep, and bowel symptoms. Patients also underwent overnight polysomnography and rectal manometry. Their abdominal pain showed improvement, but their sleep disturbance or psychological distress did not (Gut 2005;54:1402-7).

In a commentary, Sigrid Elsenbruch, Ph.D., of the University Clinic of Essen, Germany, noted that the Singapore researchers did not screen their patients for mood disorders, which can be associated with alterations in sleep physiology, but concluded that the findings "are intriguing and call for replication and further study" (Gut 2005;54:1353-4).

Intrahepatic Cholestasis of Pregnancy

Pruritus was reduced more effectively in patients with intrahepatic cholestasis of pregnancy after treatment with ursodeoxycholic acid, according to a randomized study of 84 symptomatic patients in Lithuania.

Jurate Kondrackiene of Kaunas University of Medicine, Kaunas, Lithuania, and colleagues found that 8-10 mg/kg daily of ursodeoxycholic acid (UDCA) outperformed 8 g daily of cholestyramine in reducing the pruritus that characterizes intrahepatic cholestasis (Gastroenterology 2005;129:894-901).

Pruritus scores were reduced by 67% with UDCA and 19% with cholestyramine; likewise, levels of serum aminotransferases and serum bile acids were markedly reduced by 78.5% and 73.8%, respectively, after UDCA, but by only 21.4% each after cholestyramine. The study results confirm that UDCA should be used as first-line therapy for intrahepatic cholestasis, the researchers stated.

Reflux-Related ENT Symptoms

A new algorithm for diagnostic and treatment approaches to suspected extraesophageal manifestations of gastroesophageal reflux disease has been proposed by two Belgian researchers on the basis of their uncontrolled clinical study; the patients had chronic pulmonary and ear, nose, and throat symptoms.

Johan Poelmans, M.D., and Jan Tack, M.D., of the Centre for Gastroenterological Research, Catholic University of Leuven, Belgium, reviewed recent studies establishing that gastroesophageal reflux disease (GERD) frequently underlies or contributes to ENT symptoms and disorders, such as chronic cases of sinusitis or otitis media, paroxysmal laryngospasm, excessive throat phlegm, and postnasal drip (Gut 2005;54:1492-9).

The researchers then treated 405 consecutive adults with one or more of these symptoms, administering proton pump inhibitor (PPI) therapy while using upper gastrointestinal endoscopy and 24-hour pH monitoring. They prospectively assessed the coexistence of GERD in the patients and found the diagnostic yield of endoscopy higher than previously shown; conversely, pH monitoring with PPI therapy had a low yield.

The new algorithm is designed to avoid prolonged high-dose PPI therapy when GERD is presumed but not fully established. Short-term, standard-dose PPI therapy, combined with lifestyle changes, is a logical initial approach, they said.

Selenomethionine for Esophageal Ca

Selenomethionine had a protective effect in patients with mild esophageal squamous dysplasia at baseline, according to a 10-month chemoprevention trial conducted in an area of China where the annual death rate from esophageal squamous cell cancer is among the highest in the world.

Paul J. Limburg, M.D., of the Mayo Medical School, Rochester, Minn., and his colleagues conducted a randomized, double-blind, placebo-controlled trial of two promising selenium compounds: selenomethionine (a synthetic form of organic selenium) and celecoxib (a selective inhibitor of cyclooxygenase-2) among residents of Linxian County, People's Republic of China (Gastroenterology 2005;129:863-73).

The 600 subjects were asymptomatic adults with histologically confirmed mild or moderate esophageal squamous dysplasia at baseline. The chemoprevention trial assessed the effects of 200 mcg daily of selenomethionine and 200 mg twice daily of celecoxib. The entire cohort showed no overall benefit from either candidate drug, but the mild dysplasia subgroup had significantly increased regression and decreased progression with selenomethionine, compared with placebo.

—Randall Frey

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